

10006324

10006324  
10006324

Atty. Docket No.: 9469.0-01 (1856-19700)

Serial No. 10/006,324

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Mamdouh Salama	§	
		§	
Patent No.:	6,863,279 B2	§	Group Art Unit: 3676
		§	
Issued:	March 8, 2005	§	Examiner: A.K. Pickard
		§	
For:	REDUNDANT SEAL DESIGN	§	Confirmation No.: 9922
	FOR COMPOSITE RISERS	§	
	WITH METAL LINERS	§	

Mail Stop: Certificate of Correction Branch  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail, postage prepaid in an envelope addressed to: Mail Stop: Certificate of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

3-22-2005  
Date of Deposit

Edith S. Shek  
Edith S. Shek

PETITION FOR CERTIFICATE OF CORRECTION

Commissioner:

Patentee hereby requests that a Certificate of Correction be issued pursuant to 37 C.F.R. §1.322 to correct the mistakes as set out in the attached draft Certificate of Correction. All of the errors to be corrected are minor and clerical or typographical in nature, as follows:

- (1) In (73), the name of the Assignee "Conoco Investments Norge AD" should be --**Deepwater Composites AS**--.
- (2) In (74), the name of the *Attorney, Agent, or Firm* "Deepwater Composites AS" should be -- **Conley Rose, P.C.** -- .

Also enclosed is a Fee Transmittal form and a check in the amount of \$100.00 for payment of the appropriate fee associated with this communication. The Commissioner is hereby

authorized to charge payment of any further fees associated with any of the foregoing papers submitted herewith, or to credit any overpayment thereof, to Deposit Account No. 50-1515, Conley Rose, P.C.

Respectfully submitted,  
CONLEY ROSE, P.C.

Date: March 22, 2005

Shannon Warren Bates

Shannon Warren Bates  
Reg. No. 47,412

5700 Granite Parkway, Suite 330  
Plano, Texas 75024  
Telephone: (972) 731-2288  
Facsimile: (972) 731-2289

ATTORNEYS FOR APPLICANT

# UNITED STATES PATENT AND TRADEMARK OFFICE

## CERTIFICATE OF CORRECTION

**PATENT NO. : 6,863,279 B2**

**DATED : March 8, 2005**

**INVENTORS : Salama**

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

On the face of the patent, under item (73), the name of the Assignee should be:  
"Deepwater Composites AS"

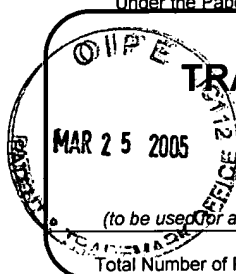
On the face of the patent, under item (74), the name of the *Attorney, Agent, or Firm* should be:  
"Conley Rose, P.C."

MAILING ADDRESS OF SENDER:

Shannon W. Bates  
CONLEY ROSE, P.C.  
5700 Granite Parkway, #330  
Plano, Texas 75024

PATENT NO. 6, 863,279 B2

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/006,324	
	Filing Date	December 5, 2001	
	First Named Inventor	Mamdouh M. Salama	
	Art Unit	3676	
	Examiner Name	A.K. Pickard	
Total Number of Pages in This Submission	6	Attorney Docket Number	9469.0-01 (1856-19700)

**ENCLOSURES** (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with PTO/SB/08A (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) - <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Petition for Certificate of Correction; Draft Certificate of Correction; Check in the amount of \$100.00; Acknowledgement Postcard
Remarks _____		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Conley Rose, P.C.		
Signature	<i>Shannon W. Bates</i>		
Printed name	Shannon W. Bates		
Date	March 22, 2005	Reg. No.	47,412

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Edith S. Shek</i>		
Typed or printed name	Edith S. Shek	Date	3-22-2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEETRANSMITTAL****For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 100.00)**Complete if Known**

Application Number	10/006,324
Filing Date	December 5, 2001
First Named Inventor	Mamdouh M. Salama
Examiner Name	A.K. Pickard
Art Unit	3676
Attorney Docket No.	9469.0-01 (1856-19700)

**METHOD OF PAYMENT** (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: 50-1515 Deposit Account Name: Conley Rose, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP =	0	50.00	0.00

HP = highest number of total claims paid for, if greater than 20

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP =	0	200.00	0.00

HP = highest number of independent claims paid for, if greater than 3

<b>Multiple Dependent Claims</b>
<b>Fee (\$)</b> <b>Fee Paid (\$)</b>

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	0	0	0	0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Certificate of Correction

<b>Fees Paid (\$)</b>
100.00

**SUBMITTED BY**

Signature	Shannon W. Bates	Registration No. (Attorney/Agent)	47,412	Telephone	(972) 731-2288
Name (Print/Type)	Shannon W. Bates	Date	March 22, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.